

Charita Burt
National Stage Processing
Paralegal Specialist
(703) 305-3734

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/744617		APPLICANT(S)				
CLAIMS													
#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		2					53						
4		2					54						
5		2					55						
6	1		1				56						
7							57						
8							58						
9		2					59						
10		2					60						
11		2					61						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			15				TOTAL DEP.						
TOTAL CLAIMS			17				TOTAL CLAIMS						